REVISED BUDGET SUMMARY – YEAR 1

CONTRACT PERIOD: FROM_____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME:_____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL AMOUNT
SALARIES		
EMP. BENEFITS		
POSTAGE		
RENT & UTILITIES		
EQUIPMENT		
PRINTING		
CONSUMABLE SUPPLIES		
TRAVEL		
OTHER		
TOTAL PROJECT BUDGET – YEAR !		

.

REVISED ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS – YEAR 1

FROM _____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME: _____

SALARIES STAFF POSITION	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM VDSS	----------------	-----------------	-------------	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM VDSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM VDSS	-------------	----------	------------	

PERSONNEL EXPENSE FORM

AGENCY/PROGRAM NAME_____ CONTRACT # _____ FED ID #_____

NAME AND TITLE	% OF TIME (spent on the funded project)	GROSS SALARY	SALARY EXPENSE (VDSS Funds Requested)	FICA	WORK. COMP.	LIFE INS.	HEALTH INS.	OTHER (IDENTIFY)	TOTAL ANNUAL BENEFITS	BENEFITS MONTHLY EXPENSES
TOTALS:										

REVISED ITEMIZED BUDGET - OTHER PROPOSED EXPENSES – YEAR 1

CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____

CONTRACTORNAME_____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED VDSS FUNDS
POSTAGE TOTAL		
Administrative		
Program		
RENT AND UTILITIES TOTAL		
Rent		
Utilities		
Telephone		
EQUIPMENT TOTAL		
Equipment Purchase		
Equipment Rental		
PRINTING TOTAL		
Administrative		
Program		
CONSUMABLE SUPPLIES TOTAL		
Office		
Program		

REVISED ITEMIZED BUDGET - OTHER PROPOSED EXPENSES – YEAR 1

CONTRACT PERIOD: FROM _____/_____/_____ TO _____/_____/_____ CONTRACTOR NAME:_____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED VDSS FUNDS
TRAVEL TOTAL		
Administrative		
Program		
OTHER TOTAL		
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

TOTAL AMOUNT REQUESTED YEAR 1: $_____